



WISEWOMAN: Improving the Health of Uninsured Women 2003



"The WISEWOMAN Program provides the opportunity for underserved women to be assessed for cardiovascular disease risk factors and receive support for making needed changes in their diets, physical activity, and smoking behaviors. By so doing, this important program can reduce not only women's cardiovascular disease risk but also their risk of developing many other health conditions."

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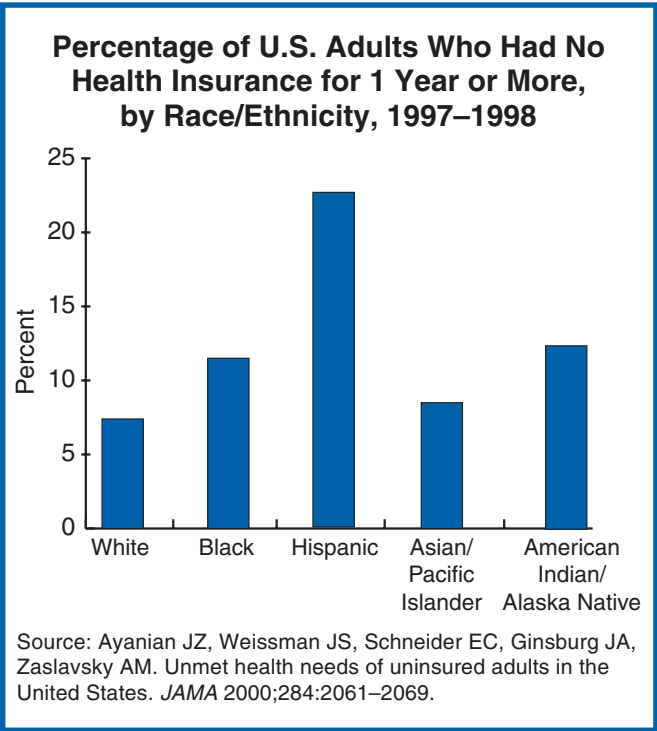
Increased Health Risks for Uninsured Women

In 1999, about 1 of every 10 U.S. women aged 45–64 years was uninsured. Uninsured women are more likely to be of minority racial and ethnic groups, to have less education, and to be poorer than insured women. Their ability to pay for health care is limited. Uninsured women may be especially vulnerable to cardiovascular disease and other chronic diseases, because they are more likely than insured women to smoke cigarettes and to be overweight, and are less likely to engage in physical activity and to be aware of their cholesterol levels.

Among women aged 40 years and older, 71% of those who are insured report having had a mammogram in the previous year, compared with only 46% of uninsured women. Uninsured U.S. adults are also less likely to be screened for high blood pressure and high cholesterol and to be advised to lose weight and quit smoking.

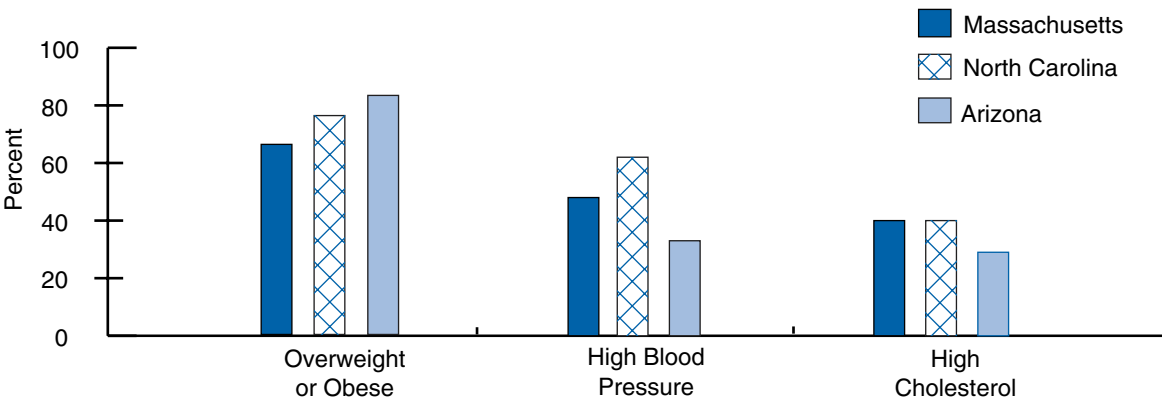
Cardiovascular Disease: The Leading Cause of Death Among Women

Although heart disease and stroke are commonly believed to affect men primarily, more than half of all people who die of heart disease and stroke are women. Among women, heart disease is the leading cause of death and is often not diagnosed until an advanced stage. Addressing risk factors such as high cholesterol,



high blood pressure, obesity, sedentary lifestyle, and smoking greatly reduces women’s risk for illness and death from heart disease. However, screening, intervention, and treatment services for these risk factors are often beyond the reach of uninsured women.

WISEWOMAN Enrollees Aged 50 and Older With Risk Factors for Heart Disease, Stroke, and Other Chronic Diseases, 1995–1998



Source: The WISEWOMAN Workgroup. Cardiovascular disease prevention for women attending breast and cervical cancer screening programs: The WISEWOMAN Projects. *Preventive Medicine* 1999;28:496–502.

CDC's Leadership in Promoting Healthy Lifestyles

Well-Integrated Screening and Evaluation for Women Across the Nation

WISEWOMAN is a CDC-funded program that helps women in need gain access to screening and lifestyle interventions that can reduce their risk for heart disease and other chronic diseases. Eligible women are 40–64 years old and have little or no health insurance. Many are from racial and ethnic minority populations.

WISEWOMAN is the result of 1993 legislation that expands the services offered within the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Through the NBCCEDP, CDC helps states, territories, and tribal organizations provide potentially life-saving screening for breast and cervical cancers to low-income and uninsured women.

In 1995, CDC used a portion of NBCCEDP funding to launch WISEWOMAN demonstration projects in Massachusetts, North Carolina, and Arizona. The primary goal of these WISEWOMAN projects was to test the effectiveness of various lifestyle interventions among uninsured women. Interventions were directed at behavioral risk factors for chronic diseases, especially physical inactivity and unhealthy diets. Each project tested different interventions to determine which ones worked best for their populations. Specific interventions included structured counseling, physical activity classes, nutrition classes, and walking groups.

The financially disadvantaged or uninsured women enrolling in WISEWOMAN had a high prevalence of risk factors for heart disease and stroke. From 50% to 75% of all participants had either high blood pressure or high cholesterol. These prevalence rates were similar to those found among women of the same age and socioeconomic background in the National Health and Nutrition Examination Survey.

WISEWOMAN in Action

Through WISEWOMAN projects and community partnerships, women participating in the National Breast and Cervical Cancer Early Detection Program are offered screenings and interventions for obesity, sedentary behavior, poor dietary habits, high blood pressure, high cholesterol, and smoking. Some projects also screen women for diabetes or osteoporosis, because these conditions also are affected by nutrition and physical activity. WISEWOMAN staff also provide referrals when treatment is needed.

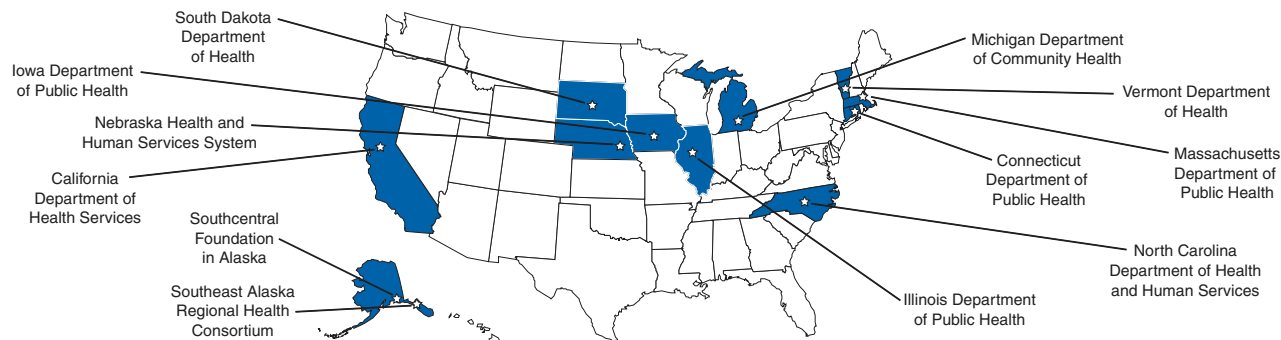
In their first year, the three WISEWOMAN projects demonstrated that offering screening tests for chronic disease risk factors to women in the NBCCEDP was feasible and well accepted by providers and participants. Early studies of the effectiveness of selected WISEWOMAN interventions found that participants reported reducing the fat in their diets and becoming more physically active.

Increasing the Reach of WISEWOMAN

WISEWOMAN has gradually expanded the number of demonstration projects. With fiscal year 2002 funding of \$11.7 million,* CDC supports 12 projects in 11 states to provide screening and interventions to underserved women. As of 2002, more than 12,000 women aged 40–64 had been screened through the WISEWOMAN program. CDC also funds studies at Prevention Research Centers to develop effective interventions that reduce risk factors for cardiovascular disease and other chronic diseases among women in need.

* Fiscal year 2003 funding levels were not available at time of printing.

CDC's WISEWOMAN Demonstration Projects, Fiscal Year 2002



WISEWOMAN: Cultural Tailoring and Nontraditional Partnerships

Community partnerships help strengthen WISEWOMAN projects. By pooling resources and sharing lessons learned, WISEWOMAN staff and their partners are able to offer underserved women an array of health services they otherwise would not receive. With community input, WISEWOMAN projects are able to remove barriers for women and show them how to make lifestyle changes that fit with their culture and language.

Alaska and North Carolina Projects Are Culturally Tailored

Interventions that take into account a woman's culture are more likely to give her the knowledge and skills she needs to make healthy lifestyle changes. For instance, WISEWOMAN staff at the **Southcentral Foundation** in Alaska needed a fairly simple intervention that could be used in different settings, by both professional and lay staff, to prevent heart disease among Alaska Native women. In **North Carolina**, WISEWOMAN staff searched for ways to help the growing numbers of Latina women at risk for heart disease. In both cases, few culturally tailored nutrition or physical activity intervention materials were available. In response to these needs, both WISEWOMAN projects worked with the **University of North Carolina at Chapel Hill Center for Health Promotion and Disease Prevention** to tailor *A New Leaf...Choices for Healthy Living* for their intended populations.

The **Southcentral Foundation** in Alaska named its program *Traditions of the Heart* to reflect the cultural practices of Alaska Native women. The program highlights commonly eaten and traditional foods, such as salmon and berries, and encourages activities that fit the climate, budget, and environment of Alaska Native women.

North Carolina named its lifestyle intervention ¡*Vida Saludable, Corazón Contento!*, which means "healthy living, happy heart." Latina women in the program have their diets assessed and are given health tips based on foods common in the Latino community. Physical activity advice is tailored to their daily and leisure time activities and sports. To make these materials as culturally relevant as possible, the University of North Carolina at Chapel Hill tested the materials with focus groups of older, low-income Latina women and with bilingual professionals. Health departments throughout the state are field-testing the materials. WISEWOMAN projects in other states will use these materials to reach Latina women.



Nontraditional Partners Bring Down Barriers in Michigan

WISEWOMAN projects also reach underserved women by working closely with nontraditional partners. In Michigan, for example, WISEWOMAN staff used a \$500 grant from the League of Women Voters of the Lansing Area to buy gift certificates at a local sporting goods store. The store gave women in the program a discount, allowing each of them to buy a pair of high-quality

athletic shoes using only the \$30 gift certificate. This approach encourages WISEWOMAN participants to become more physically active.

Future Directions

CDC's WISEWOMAN program will continue to develop and test culturally appropriate interventions to promote the health of uninsured women in need. CDC is evaluating WISEWOMAN projects to learn which ones work best and will promote and conduct these best practices starting in 2005.

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